PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

Th applicable fee(s), to: Mail Mail Stop ISS Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> - (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| mai | ntena | ance | iee | notifications. | |
|-----|-------|------|-----|----------------|--|
| | | | | | |

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23117

7590

12/27/2007

NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| (Depositor's name) | |
|--------------------|--|
| (Signature) | |
| (Date) | |
| | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/723,420 | 11/26/2003 | Stanley Beames Brown | 4598-2 | 2642 |

TITLE OF INVENTION: BIOLOGICALLY ACTIVE METHYLENE BLUE DERIVATIVES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
|--|--------------|---------------|--|----------------------|--------------------------|-------------------------------------|--|
| nonprovisional | XES NO | \$720 1440 | \$300 | \$0 | \$1020 | 03/27/2008 | |
| EXAM | IINER | ART UNIT | CLASS-SUBCLASS | 93/28/2008 CNG | UYEN3 00000013 107 | 23420 | |
| ROYDS, | LESLIE A | 1614 | 514-224800 | 01 FC:1501 | | 1440.00 OP | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent from programme (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | er a 2 | 389.99 OP INIXON & VANDERNEE P.C. 2 | |
| | | | THE PATENT (print or type data will appear on the p T a substitute for filing an | | lentified below, the doc | ument has been filed for | |

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Photopharmica Limited

Leeds, United Kingdom

| ease check the appropriate assignee category or categories (will not b | e printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Governm |
|---|---|
| A. The following fee(s) are submitted: Solution See No small entity discount permitted) Advance Order - # of Copies 10 | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form) |
| Change in Entity Status (from status indicated above) ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | ☑ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date March 27, 2008

Mary J. Wilson Typed or printed name

32,955 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.